

Case Number:	CM14-0122777		
Date Assigned:	09/25/2014	Date of Injury:	02/26/2004
Decision Date:	12/09/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 35 year old female with an injury date of 02/26/04. Based on the 03/03/14 progress report provided by [REDACTED], the patient complains of chronic low back pain that radiates to her bilateral lower extremities. Physical examination revealed tenderness across lower lumbar region bilaterally. Patient's medications include Ativan, Buprenorphine, Cyclobenzaprine, Cymbalta, DSS, Flector patch, Senna and Zolpidem. Patient continues to rely on Ambien for sleep, which she takes everyday. Diagnosis 03/03/14:- opioid dependence- thoracic neuritis- degeneration of lumbosacral intervertebral disc- displacement of lumbar intervertebral disc without myelopathy- anxiety state- depressive disorder- chronic pain syndrome [REDACTED] is requesting Zolpidem 10mg daily qty: 30 refills 2. The utilization review determination being challenged is dated 07/18/14. [REDACTED] is the requesting provider and he provided treatment reports from 03/13/14 - 05/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zolpidem 10mg daily QTY: 30 refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: The patient presents with chronic low back pain that radiates to her bilateral lower extremities. The request is for Zolpidem 10mg daily qty: 30 refills 2. Patient's diagnosis dated 03/13/14 included chronic pain syndrome, anxiety state and depressive disorder. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Per progress report dated 03/13/14, "patient continues to rely on Ambien for sleep," which she takes everyday. However, guidelines indicate Zolpidem for short-term use. Review of reports show patient has been prescribed Zolpidem, at least from 03/13/14 per treater's report, until utilization review date of 07/18/14. Furthermore, the request is for quantity 30 with 2 refills, which does not imply intended short-term use. Therefore, this request is not medically necessary.